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5073	7590 08/21	/2007	nav	e its own certificate	of maining or transmission.	•	
BAKER BOTT 2001 ROSS AVE SUITE 600		1 ho Stat add tran	Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
DALLAS, TX 75	201-2980					(Depositor's name)	
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						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/692,885			Kenneth R. Owens		069116.0169	6112	
TITLE OF INVENTION:			·				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUI	DATE DUE	
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/21/2007	
EXAMIN	NER	ART UNIT	CLASS-SUBCLASS				
WONG, WARNER 2616			370-218000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
(A) NAME OF ASSIGN	ss an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignce letion of this form is NO		itent. If an assigne assignment. and STATE OR CO		locument has been filed for	
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4a. The following fee(s) are submitted: Solution Size Size Size Size Size Size Size Size			D. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the received fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status a. Applicant claims S		above)			L ENTITY status. Sec 37 C		
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Authorized Signature	(Mach)	1. 1/SC		November 14, 2007			
Typed or printed name _		S. Fish		Registration No			
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